

EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF  
REGULATORY AND/OR GENERAL VIOLATIONS

2. EMPLOYER: Chevron Products Company

ADDRESS: 841 Chevron Way

Street

Richmond, CA 94801

City

State

Zip

3. The law requires that violations observed during the inspection/investigation completed on 21 Oct 09  
of the place of employment located at 841 Chevron Way Richmond, CA 94801 be  
corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by  
returning this completed form. Your response by signing and mailing this form to the issuing office on or before  
the compliance date may avoid a follow-up inspection of your facilities. **Failure to timely complete and return this form  
may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).**

**NOTE:** This form does not serve as a request for a time extension. If there are serious  
problems beyond your control that prevent meeting a specified abatement date, contact the  
Division early, well within the 15-day limit allowed for an appeal.

This signed statement or a  
summary shall be posted for  
three (3) working days at or near  
each place the regulatory and/or  
general violation(s) referred to  
in the citation occurred.

4. PLEASE COMPLETE AND MAIL BY 2/17/2010, ~~2009~~ <sup>2010</sup>

\*\*\*\*\*

5. LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION AND ITEM NUMBER OF THE  
UNSAFE CONDITIONS AND DATE OF ABATEMENT

As seen during the Cal/OSHA site inspection on 21 October 2009, the  
steam tracing line noted in Inspection 311074728 Citation 1 Item 1 has been  
re-graded above 7 feet to meet the requirement of Title 8 Section 3308. The  
steam line was originally covered on 7 October 2009, and then re-graded  
above 7 feet on or before 21 October 2009.

[ ] Continued on additional page

6. All affected employees and their representatives have been informed about abatement activities referenced in this document  
in conformance with 8CCR Section 340.4(g). ☒ YES ☐ NO

7. This certifies that all the unsafe conditions listed in the Division's Citation dated 29 December 2009 have now been  
corrected and all submitted abatement information is accurate.

Signature: [Signature]

Date: 30 December 2009

Name: Thomas DiPalma

Date: 30 December 2009

8.

OFFICE USE ONLY

Safety Engineer: \_\_\_\_\_ Date \_\_\_\_\_

District Manager: \_\_\_\_\_ Date \_\_\_\_\_

[ ] Close / Comments

9.

Region 6 District 3 Inspection No. 311074728 Identification No. N8474 Cal/OSHA Rpt. No. 001 Fiscal Year 10

10. Date mailed or delivered: \_\_\_\_\_

CAL/OSHA 160 (09/01/00)

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 \*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 2835  
 CONNECTION TEL 919256022668  
 CONNECTION ID  
 ST. TIME 01/13 09:29  
 USAGE T 00' 42  
 PGS. SENT 1  
 RESULT OK

STATE OF CALIFORNIA  
 DEPARTMENT OF INDUSTRIAL RELATIONS  
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Return to:

Northern California Process Safety Management District Office  
 1450 Enea Circle., Ste. 550  
 Concord, CA. 94520  
 TEL: (925) 602-2665  
 FAX: (925) 602-2668

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This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to in the citation occurred.

4. PLEASE COMPLETE AND MAIL BY 2/17/2010, 2009

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 5. LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION AND ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT

As seen during the Cal/OSHA site inspection on 31 October 2009, the steam tracing line noted in Inspection 311074728 Citation 1 Item 1 has been re-graded above 7 feet to meet the requirement of Title 8 Section 3308. The steam line was originally covered on 7 October 2009, and then re-graded above 7 feet on or before 21 October 2009.

[ ] Continued on additional page

6. All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g). ☒ YES ☐ NO

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Signature: [Signature]Date: 30 December 2009

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 2836  
CONNECTION TEL 914157033037  
CONNECTION ID  
ST. TIME 01/13 09:33  
USAGE T 00' 34  
PGS. SENT 1  
RESULT OK

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
OSHA CITATIONS  
CREDIT CARD PAYMENT FORM

DATE: 1/12/2010 INSPECTION #: 311074728  
(MM/DD/YY)  
COMPANY NAME: CHEVRON PRODUCTS COMPANY

DBA: \_\_\_\_\_

INSPECTION SITE: 841 CHEVRON WAY, RICHMOND CA 94801MAILING ADDRESS: 841 CHEVRON WAY, RICHMOND CA 94801ISSUANCE DATE: 12/29/2009 TOTAL PENALTIES DUE: \$450.00  
(MM/DD/YY)CALLER NAME: THOMAS D. PALMAEMAIL ADDRESS: TDIP@CHEVRON.COM & ALLOB@CHEVRON.COMPHONE NUMBER: (510) 242-2233 FAX NUMBER: (510) 242-5353

## CREDIT CARD INFORMATION:

TYPE OF CREDIT CARD: (Check one) ☐ VISA ☒ MASTERCARDCREDIT CARD NUMBER: 5405 0180 0096 1658SECURITY CODE (3-digit number shown on back of card after credit card no.): 496EXPIRATION DATE (mm/yy): 08/10NAME ON CREDIT CARD (Please print): DURORA A. COBOSBILLING ADDRESS: 841 CHEVRON WAY, TECH CTR 332, RICHMOND CA 94801PAYMENT AMOUNT: \$450.00

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
OSHA CITATIONS  
CREDIT CARD PAYMENT FORM

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CALLER NAME: THOMAS D. PALMA

EMAIL ADDRESS: TDIP@CHEVRON.COM & ALCOB@CHEVRON.COM

PHONE NUMBER: (510) 242-2233 FAX NUMBER: (510) 242-5353

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TYPE OF CREDIT CARD: (Check one) ☐ VISA ☒ MASTERCARD

CREDIT CARD NUMBER: 5405 0180 0096 1658

SECURITY CODE (3-digit number shown on back of card after credit card no.): 496

EXPIRATION DATE (mm/yy): 08/10

NAME ON CREDIT CARD (Please print): DURORA G. COBOS

BILLING ADDRESS: 841 CHEVRON WAY, TECH CTR 332, RICHMOND CA 94801

PAYMENT AMOUNT: \$450.00

AUTHORIZATION AMOUNT (Optional): \_\_\_\_\_

SIGNATURE AUTHORIZATION: Durora G. Cobos

PLEASE SEND CONFIRMATION BY: (Check one) ☐ FAX ☒ EMAIL

**PLEASE FAX THIS FORM TO (415) 703-3037**

FOR USE BY DIR ACCOUNTING ONLY:

PREPARED BY: \_\_\_\_\_

AUTHORIZATION NUMBER: \_\_\_\_\_

DATE AUTHORIZED: \_\_\_\_\_ TAKEN BY PHONE: Volume License Software